BEST AVAILABLE CONT. 19-89533

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	or	Docket	Number

0338989-087-8338

CLAIMS AS FILED - PART I (Column 1)						SMALL ENTITY (Column 2) TYPE TYPE			ITITY	OTHER THAN OR SMALL ENTITY							
TOTAL CLAIMS		9		(Oddini L)			RATE	FEE		RATE	FEE						
FO	FOR NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00							
TOTAL CHARGEABLE CLAIMS // minus 20=			. 6			X\$ 9=		OR	X\$18=								
INDEPENDENT CLAIMS 24 minus 3 =			' /			X40=		OR	X80=	80							
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	270					
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	2/0					
CLAIMS AS AMENDED - PART II											OTHER THAN						
5 1 0 (Column 1) (Column 2) (Column 3)						10 c	SMALL ENTITY			SMALL	K						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
Z Z Z	Total	- 12	Minus	•• [![,	=		X\$ 9=		OR	X\$18=						
AME	Independent	· H	Minus	THE !				X40=		OR	X80=						
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .							+135=		OR	+270=						
							B	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)																	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	,	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
Z Q	Total	•	Minus .	**		=		X\$ 9=		OR	X\$18=						
A ME	Independent	•	Minus	***		=		X40=		OR	X80=						
THIST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM								+135=			+270=						
							TOTAL		OR	TOTAL							
		(O. I		(0-1-	۵۱	(O-1: 0)		ODIT. FEE		OR	ADDIT, FEE						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Column 1)	·	(Colu	iEST	(Column 3)) T	γ	ADDI-	1		400					
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE					
E S	Total		Minus	**		=		X\$ 9=		OR	X\$18=						
ME	Independent	•	Minus	***		=		X40=			X80=						
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM	Д_]			OR	-						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=							
••	If the "Highest Nu	mber Previously P	aid For IN THE	S SPACE	is less tha	n 20, enter "20	." 4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
	The "Highest Nun	nber Previously Pa	id For (Total or	Independ	lent) is the	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											